TYPE:				(2-11-01)
	CERTIFIC	CATED COMPANY INFO	ORMATION	2011-29.1 228126
Bellerud Communications	s, LLC		FEIN/SSiv.	
Company Name				· · · · · · · · · · · · · · · · · · ·
			Telephone #:	678-436-5590
Dba/fka				
3483 Satellite Blvd., Suite	202	· · · · · · · · · · · · · · · · · · ·		
Mailing Address:	0.4	20000 5000		
Duluth City Chata Zin Code	GA	30096-5800		
City, State, Zip Code 6905 N. Wickham Road,	Suito 403			
Business Location	Juile 403			
Melbourne	FL	32940-0000		
City, State, Zip Code		320.00	County:	
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Mailing Address: 2 Of	ffice Park Court. Suite 10	03		
Mailing Address: 2 Of Columbia				
Mailing Address: 2 Of	ffice Park Court. Suite 10 SC	03 29223-0000	any contact for the fol	lowing areas:
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AUTHORIZED UTILITY REPRESENTATIVE FORM FOR THE TELECOMMUNICATIONS CARRIERS



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Telephone Number	/ Facsimile Number	/ E-mail Address	
Emergencies (Duri	ing Non-Office Hours)		
-	1-	1	
Telephone Number	/ Facsimile Number	/ E-mail Address	
ddition, please provide	e the following company c	contact information to assist in proper routing of	
espondence and invo			
Lisa	Brown	Mailing Address	
Regulatory Officer	(Included Address if Differer	nt Address if different than above)	
678-436-5590	/ 678-802-3483	/ lbrown@rtclic.net	
Telephone Number	/ Facsimile Number	/ E-mail Address	
Lisa	Brown		
Dual Party Mailings	(Name)		
(Mailing Address)	/ 070 000 0 100		
678-436-5590	/ 678-802-3483	/ lbrown@rtclic.net	
Telephone Number	/ Facsimile Number	/ E-mail Address	
Lisa Interim LEC Fund N	Brown lailing (Name)		
(Mailing Address)	-		
(Mailing Address) 678-436-5590	/ 070 000 0400		
	/ 678-802-3483	/ lbrown@rtclic.net	
Telephone Number	/ Facsimile Number	/ E-mail Address	
Lisa	Brown		
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(Mailing Address)	7-700	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	
678-436-5590	/ 678-802-3483	/ lbrown@rtcllc.net	
Telephone Number	/ Facsimile Number	/ E-mail Address	
Lisa	Brown		
Gross Receipts Mai	lings (Name)		
(Mailing Address)			
678-436-5590	/ 678-802-3483	/ lbrown@rtcllc.net	
Telephone Number	/ Facsimile Number	/ E-mail Address	
Lisa	Brown	1	
This form was comp	oleted by	Signature	
Account Manager		/ 2/11/2011	
Title		Date	
RN COMPLETED FORM TO:	Public Service Commission of SC		
	Docketing Department		
	Post Office Drawer 11649		
	Columbia, South Carolina 29211		
	And		
	Office of Regulatory Staff		
	Attn: Jeanne Gordon		
	1401 Main Street		
	Columbia, South Carolina 29201		

E.

Test and Repair (Include Address if Different than above)